

Mental Illness and Drug Dependency Focus Groups

Between October 2015 and February 2016, county staff held 14 focus groups involving specific communities, populations, or sub-regional areas. The purpose of these engagement efforts was to hear ideas about services and programs for people living with mental illness and substance use disorders. The conversations were intentionally designed so that community members could have a role in informing the County's decisions around its investments for children and youth and investments for mental health and substance use disorder services and programs. Groups ranged in size from as few as four to over 100

I. A summary of themes from the focus groups on MIDD and behavioral health services are below.

- 1. Culturally specific organizations and groups need to be a central part of development and delivery of programs and services.**
- 2. Stigma is a barrier to seeking services.**
- 3. Outreach and engagement services are needed. Outreach is needed to educate people about available resources. Engagement is important to develop trust to increase commitment and active involvement in services.**
- 4. More affordable housing/housing programs are needed.**
- 5. Non-Medicaid services are necessary to fill a significant gap in the service system since many people still do not qualify for Medicaid.**

II. Highlights from the individual focus groups on MIDD and behavioral health services are below.

Domestic Violence(DV)/Sexual Assault (SA) Stakeholder Focus Group

1. Mobile child/parent services for survivors and family, which could be provided in homes, work places, community spaces are needed.
2. Mental health (MH) agencies should have a MH professional that specializes in DV/SA.
3. More training for MH, Substance Use Disorder, DV, and SA providers for the areas in which they do not have expertise.
4. Currently primary prevention efforts are small scale, often short-term, and ad hoc. Capacity needs to be expanded and stabilized.
5. Geography is a barrier; south county and east county are very underserved. Access to services is a major problem.

Behavioral Health Provider Focus Group

1. Targeted engagement is critical for communities. Outreach is needed for mental health, not just substance use disorder services.
2. A prevention focus is needed in the system. Prevention isn't covered by Medicaid and is lacking from the state.
3. Utilization is impacted by stigma. An anti-stigma campaign is needed.
4. Current educational assistance and training is helpful for staff; need to reduce high caseloads and improve salaries/wages.

5. Do not use only Evidence Based Programs (EBP). Many EBPs are not culturally competent.

Real Change Focus Group

1. People don't know what services and resources are available. They need someone to help them understand.
2. Peer Support is critical. People need to be connected.
3. Systems and services are set up for staff and organizations. We are "treated as if we don't have a life."
4. Outreach and engagement by meeting people on the street and under bridges is helpful. Providers need to be willing to develop relationships.
5. People can't maintain mental health or sobriety without housing.

Maple Valley/Southeast King County Focus Group

1. Community education/prevention including stigma reduction, outreach to families.
2. Delivery of holistic/whole person care and wraparound services, including supportive housing are necessary.
3. Increase crisis service capacity: diversion beds, MHP/first responder partnerships, more DMHPs, hospital discharge options.
4. Integrated dual-diagnosis services in rural communities.
5. Zero Suicide and other suicide prevention, especially soon after hospital discharge.

Asian Pacific Islander Focus Group

1. Case managers help with paperwork, housing, and access to resources.
2. The doctor at the clinic works with the mental health provider. The case manager is the interpreter. It's helpful to have it all bundled in one place.
3. Engagement is critical. "Need to deal with the relationship."
4. Housing supports are necessary.
5. "When we have a place to come and socialize we don't get sick as often."

Hispanic Focus Group

1. People coming from different countries and immigration experiences have unique needs that need to be addressed differently.
2. Services such as transportation and care givers for seniors with health issues need to be provided to connect with their community and treatment.
3. Funding should foster community (i.e. support groups).
4. Holistic thinking of programs (housing, employment, and immigration) is needed.
5. More and steady funding is needed because personnel/staff are overworked and doing too many jobs.

Recovery Café Focus Group

1. Treatment should be available when needed. You shouldn't have to wait for SUD treatment or to see a provider.
2. Most people who have experienced homelessness have trauma and need treatment for it.
3. Volunteer advocates to show where to find services are needed. "The 211 number is worthless."
4. Holistic care like classes, case management, yoga, and a sense of community are important to recovery.
5. Housing is a basic human need. It is hard for people without safe and secure housing to do well.

Refugee Forum Focus Group

1. Understanding the cultural context of refugees is important. In home countries, the MH system is part of the oppression people experience.
2. Need more bi-lingual, bi-cultural staff. Immigrants can use their skills as staff.
3. Stigma is especially strong, particularly around children and school behavior issues.
4. Food services for specific language/cultural groups are an important way to provide outreach/education.
5. Peer supports from community members are valuable. The requirement that peer counselors sign a form saying they have been mentally ill is a barrier due to stigma.

African American Focus Group

1. Evidence Based Programs that have been validated with communities of color are needed.
2. The county could support technical capacity and provide infrastructure (accounting/reporting/evaluation).
3. Non-billable services (i.e. transportation, counselor travel time) are needed to engage communities of color.
4. People of color need to be at the decision making table.
5. The workforce needs better salaries to reduce turnover.

Snoqualmie Valley/Northeast Focus Group

1. Stigma reduction/community education to increase prevention and early intervention.
2. Navigators to help people find and access services, with proactive outreach and linkage would help.
3. Need a centralized community resource center with multiple resources/experts co-located.
4. Culturally appropriate mental health and substance use disorder counseling at or very near schools is needed.
5. Transportation to get to resources is a challenge.

Native American Focus Group

1. Prevention and treatment for domestic violence and sexual assault are needed.
2. Communities have processes/services that work but have not been tested. EBP's "further marginalize" people of color; consider "practice based evidence".
3. Strengthening cultural identity is important for healing. Immersion in culture is a protective factor.
4. Stigma leads to people to seek services infrequently and symptoms get worse.
5. More sober living opportunities are needed. More shelter beds for women are needed.

Trans Focus Group

1. Trans people are often misgendered or forced into binary gender identification by people in mainstream organizations.
2. "LGB is not the same as T" identifying the unique needs of trans individuals among sexual minorities is a necessity.
3. Trans people are harassed by other clients in some organizations (waiting rooms, groups) which leads to people experiencing the environment as unsafe emotionally and physically.
4. Hiring people from communities is also prevention for those hired.
5. Training about MH/SUD is needed for trans group facilitators. There are trans people not being paid to provide expertise while others are paid for their time.

Somali Health Board Focus Group

1. Stigma is a problem. The western world and Somalis have a very different view of behavioral health. Many Somalis have a view is that there is either sane or insane and nothing in between.
2. Train members of the community to provide services. Utilize people in the community.
3. Funds should go directly to the communities rather than mainstream organizations.
4. Community members need to be at the table to participate in decision making.
5. Need to train cross train providers and religious leaders to better understand mental health and religious issues so they can support people dealing with mental health issues.

King County Jail Focus Group

1. All people in jail should get behavioral health supports if needed not just those with “something significant...We have mental health issues too.”
2. There is substantial stigma in being an African American man. The negative view of society gets internalized and leads to mental stress and self-destructive behavior, like substance abuse.
3. The pressure of going through an unjust court system and being in jail for months, not knowing what will happen, leads to mental health issues.
4. Supports to transition “back to normal lives” are needed (i.e. education, employment). Those supports need to come from people within the community with first-hand experience because there is “no trust in the system that is continually hurting us.”
5. Young people need “to feel important, like their lives matter, and somebody cares.” “What we really need here. We need hope.”